

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

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S.D. SEC. OF STATE

1. TITLE OF NEWSPAPER The Miller Press		2. DATE 9-27-20
3. FREQUENCY OF ISSUE weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ 50/60
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 114 West Third Street Miller, SD 57362		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) 114 West Third Street Miller, SD 57362		
6. FULL NAME OF PUBLISHER: <small>Janet Kittelson and Michael Caviness</small>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. <div style="display: flex; justify-content: space-between;"><div>FULL NAME Janet Kittelson and Michael Caviness</div><div>COMPLETE MAILING ADDRESS 19700 363rd Ave St. Lawrence SD 57373</div></div>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. none		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1200	1200
B. PAID AND/OR REQUESTED CIRCULATION	222	194
1. Sales through dealers and carriers, street vendors, and counter sales.		
2. Mail Subscription (Paid and or requested)	825	706
3. Paid Electronic Copies		
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	77	97
D. FREE DISTRIBUTION	10	10
1. BY MAIL, CARRIER OR OTHER MEANS		
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1124	997
F. COPIES NOT DISTRIBUTED	76	203
1. Office use, left over, unaccounted, spoiled after printing		
2. Return from News Agents	103	131
G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)	1200	1200


Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:


(Signature)

owner
(Title)

State of South Dakota)
County of Hand)
(Seal)

Sworn to before me this 27 day of Sept, 2020


Notary Public
My commission expires: 7-25-25